Duxbury Children's Dentistry

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Consent for Dental Extraction

Dental extraction is the permanent removal of baby or permanent teeth.

Indications:

- Pain, infection, decay
- Fractured tooth/unrestorable tooth
- Dental crowding/orthodontic treatment

Benefits:

- Relieve pain
- Remove source of infection
- Facilitate eruption of permanent teeth

Risks:

- Post-operative discomfort, bleeding, swelling, bruising, persistent numbness (extremely rare in baby teeth)
- Fracture of tooth
- Retained small root fragments (may be left in jaw for resorption or eruption at a later date)
- Loss of adjacent fillings or injury to nearby teeth or soft tissues
- Aspiration or swallowing of tooth

Alternatives:

- No treatment
- Root canal therapy/pulp therapy
- Referral to oral surgeon

Post-Op Instructions:

- Bite on gauze for 15-30 minutes. If bleeding persists continue to apply pressure.
- Only eat soft food while numb and encourage plenty of fluids. No hot food with steam for the rest of the day.
- No spitting or drinking through a straw or sippie cup for 24 hours.
- Activity may need to be limited. No upside down movements (ie: trampoline, diving under water, etc).
- Your child's cheek, lip and/or tongue will be numb for approx. 2-3 hours. Please be careful that your child does not bite or scratch his/her cheek, lip and/or tongue. As this area wakes up it may feel funny.
- Use an ice pack or cool washcloth as needed for swelling in 15 minute increments.

Space Maintenance:

- In some cases a "spacer" may be recommended to hold open the empty space left by a lost tooth. This may help save the position for the developing permanent tooth that will eventually grow into that position

I, _____, as parent/legal guardian of _____ (DOB: _____) hereby consent to tooth extractions in conjunction with dental treatment. I am aware of the benefits/risks involved with this procedure, and I have had the opportunity to have my questions answered.

By signing below, I confirm that I have read, understand and agree to the above.

Number of Teeth:_____ **Parent/Legal Guardian Signature: _____** **Date:_____**
Dentist Signature: _____ Date:_____
Witness Signature: _____ Date: _____

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